

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted  
With Initial  
Filing  
OR  
☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	10031.000200
First Named Inventor	Michael J. Cudzinovic
<b>COMPLETE IF KNOWN</b>	
Application Number	not yet known
Filing Date	
Art Unit	not yet known
Examiner Name	not yet known

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the invention(s) named below to be the original and first invention(s) of the subject matter which is claimed and for which a patent is sought on the invention and/or:

**METHODS AND APPARATUS FOR FABRICATING SOLAR CELLS**

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

(Page 1 of 2)

This collection of information is required by 37 CFR 1.15 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comment on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-8198 and select option 2.

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## DECLARATION — Utility or Design Patent Application

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Address							
City			State		ZIP		
Country			Telephone		Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Michael J.				Cudzinovic			
Inventor's Signature				Date			
<i>Michael J. Cudzinovic</i>				8/1/13			
Residence: City		State		Country		Citizenship	
Sunnyvale		CA		US		US	
Mailing Address							
378 Balsam Avenue							
City		State		Zip		Country	
Sunnyvale		CA		94085		US	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Neil				Kaminar			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Boulder Creek		CA		US		US	
Mailing Address							
28380 Big Basin Hwy							
City		State		Zip		Country	
Boulder Creek		CA		95008		US	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB02A or PSLR attached hereto.							

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Luca		Pavani	
Inventor's Signature		Date	
Residence: City	State	Country ITALY	Citizenship ITALY
Mailing Address Via R. Lucchi #8, 63023 Fermo			
City	State	ZIP	Country ITALY
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
David D.		Smith	
Inventor's Signature		Date	
Residence: City San Jose	State CA	Country US	Citizenship US
Mailing Address 3515 Olsen Drive			
City San Jose	State CA	Zip 95117	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing    OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	10031.000200
	First Named Inventor	Michael J. Cudzinovic
	<b>COMPLETE IF KNOWN</b>	
	Application Number	not yet known
	Filing Date	
	Art Unit	not yet known
	Examiner Name	not yet known

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the invention(s) named below to be the original and first invention(s) of the subject matter which is claimed and for which a patent is sought on the invention named:

**METHODS AND APPARATUS FOR FABRICATING SOLAR CELLS**

the specification of which (Title of the Invention)

☒ is attached hereto  
OR  
☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label **000031894** OR ☐ Correspondence address below

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City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Michael J.  
 (first and middle (if any))

Family Name Cudzinovic  
 or Surname

Date

Inventor's  
 Signature

Residence: City

State

Country

Citizenship

Sunnyvale

CA

US

US

Mailing Address

378 Balsam Avenue

City

State

Zip

Country

Sunnyvale

CA

94085

US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Neil  
 (first and middle (if any))

Family Name Kaminar  
 or Surname

Date

Inventor's  
 Signature

8/1/03

Residence: City

State

Country

Citizenship

Boulder Creek

CA

US

US

Mailing Address

28380 Big Basin Hwy

City

State

Zip

Country

Boulder Creek

CA

95006

US

☒ Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
Page 1 of 1	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any):		Family Name or Surname	
Luca		Pavani	
Inventor's Signature <i>Luca R.</i>		Date <i>8/1/03</i>	
Residence: City	State	Country	Citizenship
		ITALY	ITALY
Mailing Address: Via R. Luechi #8, 63023 Fermo			
City	State	ZIP	Country
			ITALY
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any):		Family Name or Surname	
David D.		Smith	
Inventor's Signature <i>David D. Smith</i>		Date <i>8-1-03</i>	
Residence: City	State	Country	Citizenship
San Jose	CA	US	US
Mailing Address: 3515 Olsen Drive			
City	State	Zip	Country
San Jose	CA	95117	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any):		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	not yet known
Filing Date	
First Named Inventor	Michael J. Cudzinovic
Art Unit	not yet known
Examiner Name	not yet known
Attorney Docket Number	10031.000200

I hereby appoint:

☒ Practitioners at Customer Number

000031894

OR

☐ Practitioner(s) named below:

Name	Registration Number

Place Customer  
Number Bar Code  
I shall have

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

☐ Firm or  
Individual NamePlace Customer  
Number Bar Code  
I shall have

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Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95).

SIGNATURE of Applicant or Assignee of Record

Name Michael J. Cudzinovic

Signature *Michael J. Cudzinovic*

Date

8/1/03

Telephone

(408) 991-0902

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	not yet known
Filing Date	
First Named Inventor	Michael J. Cudzinovic
Art Unit	not yet known
Examiner Name	not yet known
Attorney Dock # Number	10031.000200

I hereby appoint:

☒ Practitioners at Customer Number

000031894

OR

☐ Practitioner(s) named below:Place Customer  
Number Bar Code  
I shall have

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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☐ Practitioners at Customer Number

OR

Place Customer  
Number Bar Code  
I shall have☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name Neil Kaminar

Signature 

Date 8/1/03

Telephone

831-246-0450

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 4 forms are submitted.

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	not yet known
Filing Date	
First Named Inventor	Michael J. Cudzinovic
Art Unit	not yet known
Examiner Name	not yet known
Attorney Docket Number	10031.000200

I hereby appoint

- ☒ Practitioners at Customer Number **000031894**  
OR  
☐ Practitioner(s) named below

Place Customer  
Number Bar Code  
Label here

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

- ☐ The above-mentioned Customer Number,  
OR  
☐ Practitioners at Customer Number

Place Customer  
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☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

- ☒ Applicant/Inventor.  
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)*

**SIGNATURE of Applicant or Assignee of Record**

Name Luca Payani

Signature

Date

Telephone

**NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.**

- ☒ Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	not yet known
Filing Date	
First Named Inventor	Michael J. Cudzinovis
Art Unit	not yet known
Examiner Name	not yet known
Altern. v Docket Number	10031.000200

I hereby appoint

☒ Practitioners at Customer Number

000031884

OR

☐ Practitioner(s) named below:

Name	Registration Number

Place Customer  
Number Bar Code  
I shall have

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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OR

☐ Practitioners at Customer Number

OR

☐ Firm or  
Individual Name

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City

State

ZIP

Country

Telephone

Fax

Place Customer  
Number Bar Code  
I shall have

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/90)*

**SIGNATURE of Applicant or Assignee of Record**

Name David D. Smith

Signature

Date

8-1-03

Telephone

408-991-0904

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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